

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

ADDRESS (number and street) 5910 Mineral Point Rd, PO Box 747
Mail Stop 5910 4 A2
 Check if different than previously reported. (ACC)
Madison WI 53701 0747

2. **FEC IDENTIFICATION NUMBER** C00402107
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2011 through 06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Christopher P. Roe
Signature of Treasurer Electronically Filed by Christopher P. Roe Date 07 28 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		15235.36
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	15235.36									
(c) Total Receipts (from Line 19)	21953.08	21953.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37188.44	37188.44								
7. Total Disbursements (from Line 31)	21000.00	21000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16188.44	16188.44								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	16905.08	16905.08
(ii) Unitemized	4798.00	4798.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21703.08	21703.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21703.08	21703.08
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	250.00	250.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21953.08	21953.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21953.08	21953.08

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	21000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21000.00	21000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21000.00	21000.00

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	21703.08	21703.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21703.08	21703.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) James S. Buchheim		Date of Receipt	
	Mailing Address 4598 Autumn Blaze Trail		M M / D D / Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.5585
	DeForest	WI	53532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer CUNA Mutual Insurance Society		Occupation VP - PR & Communications		\$25/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

B.	Full Name (Last, First, Middle Initial) Michael Connealy		Date of Receipt	
	Mailing Address 463 Waycliffe Drive N		M M / D D / Y Y Y Y 06 / 06 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.5681
	Wayzata	MN	55391-1383	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		900.00	
Name of Employer Pro Ag Management, Inc.		Occupation Executive		Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		900.00		

C.	Full Name (Last, First, Middle Initial) Dennis Daggett		Date of Receipt	
	Mailing Address 2253 Carver Road		M M / D D / Y Y Y Y 05 / 28 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.5679
	Winterset	IA	50273-8378	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer ProAg Management, Inc.		Occupation Executive		Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A. Full Name (Last, First, Middle Initial)
 Michael T. Defnet
 Mailing Address 8315 Flagstone Drive
 City State Zip Code
 Madison WI 53719
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.5588
 Amount of Each Receipt this Period
 480.00
 \$40/biweekly
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CUNA Mutual Insurance Society SVP, Distribution Support
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 480.00

B. Full Name (Last, First, Middle Initial)
 Renee Dykes
 Mailing Address 331 Point Drive
 City State Zip Code
 Great Bend KS 67530
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 1 1
Transaction ID: SA11AI.5690
 Amount of Each Receipt this Period
 500.00
 Check
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CPI Qualified Plan Consultants Executive
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
 Thomas R. Eckert
 Mailing Address 2612 Waunona Way
 City State Zip Code
 Madison WI 53713
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.5595
 Amount of Each Receipt this Period
 300.00
 \$25/biweekly
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CUNA Mutual Insurance Society VP - Retirement
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

SUBTOTAL of Receipts This Page (optional)	1280.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) David M. Foster		Date of Receipt		
	Mailing Address 9125 Blackhawk Road		M M / D D / Y Y Y Y 06 / 30 / 2011		
	City Middleton	State WI	Zip Code 53562	Transaction ID: SA11AI.5596	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00		
	Name of Employer CUNA Mutual Insurance Society	Occupation VP, Product Sales Distribution	\$20/biweekly		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

B.	Full Name (Last, First, Middle Initial) Jon G. Furlow		Date of Receipt		
	Mailing Address 717 Oneida Place		M M / D D / Y Y Y Y 06 / 30 / 2011		
	City Madison	State WI	Zip Code 53711	Transaction ID: SA11AI.5597	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00		
	Name of Employer CUNA Mutual Insurance Society	Occupation VP, Office of General Counsel	\$25/biweekly		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Daniel K. Kaiser		Date of Receipt		
	Mailing Address N8880 Blue Vista Lane		M M / D D / Y Y Y Y 06 / 30 / 2011		
	City New Glarus	State WI	Zip Code 53774	Transaction ID: SA11AI.5605	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00		
	Name of Employer CUNA Mutual Insurance Society	Occupation VP - Sales	\$20/biweekly		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

SUBTOTAL of Receipts This Page (optional)	▶	780.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Randy P. Kohout		Date of Receipt	
	Mailing Address 5588 Polo Ridge		M M / D D / Y Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.5610
	Westport	WI	53597	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		240.00	
Name of Employer CUNA Mutual Insurance Society		Occupation VP, Organizational Capability		\$20/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

B.	Full Name (Last, First, Middle Initial) Stephen W. Koslow		Date of Receipt	
	Mailing Address N53 W16098 Waldens Pass		M M / D D / Y Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.5611
	Menomonee Falls	WI	53051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		375.00	
Name of Employer CUNA Mutual Insurance Society		Occupation SVP - Chief Ethics & Compliance Officer		\$40/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00		

C.	Full Name (Last, First, Middle Initial) Deborah F Kretchmar		Date of Receipt	
	Mailing Address 817 Stagecoach Trail		M M / D D / Y Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.5614
	Madison	WI	53717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		240.00	
Name of Employer CUNA Mutual Group		Occupation Officer		\$20/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)	▶	855.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.

Full Name (Last, First, Middle Initial)
Kevin T. Lentz

Mailing Address 1023 Carib Court

City State Zip Code
Verona WI 53593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CUNA Mutual Insurance Soc- SVP, Member Products
ety

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.5616

Amount of Each Receipt this Period
600.00

\$50/biweekly

B.

Full Name (Last, First, Middle Initial)
Kurt Lin

Mailing Address 99013 Settlers Road

City State Zip Code
Madison WI 53717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEMBERS Capital Advisors Managing Director, MCA

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.5617

Amount of Each Receipt this Period
480.00

\$40/biweekly

C.

Full Name (Last, First, Middle Initial)
David P. Marks

Mailing Address 11 Richmond Road

City State Zip Code
West Hartford CT 06117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Members Capital Advisors EVP & Chief Investment Off.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.5621

Amount of Each Receipt this Period
480.00

\$40/biweekly

SUBTOTAL of Receipts This Page (optional) ► **1560.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Mark Martin		Date of Receipt
	Mailing Address 1805 Autumn Hill Drive		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Verona	WI	53593
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CUNA Mutual Group		Occupation VP, P&C Claims	Transaction ID: SA11AI.5689
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Check

B.	Full Name (Last, First, Middle Initial) Thomas J. Martorana		Date of Receipt
	Mailing Address 910 Winding Way		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Middleton	WI	53562
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CUNA Mutual Insurance Soc- iety		Occupation SVP, Operations	Transaction ID: SA11AI.5622
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$25/biweekly

C.	Full Name (Last, First, Middle Initial) Thomas J. Merfeld		Date of Receipt
	Mailing Address 3088 Edenberry St.		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Fitchburg	WI	53711
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MEMBERS Capital Advisors		Occupation Chief Risk Officer	Transaction ID: SA11AI.5625
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="360.00"/>
		<input type="text" value="360.00"/>	\$30/biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="910.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.

Full Name (Last, First, Middle Initial)
James Metz

Mailing Address 3908 Meridian Circle

City State Zip Code
Verona WI 53593

FEC ID number of contributing federal political committee. **C**

Name of Employer MEMBERS Capital Advisors Occupation SVP, Asset Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.5626

Amount of Each Receipt this Period 480.00

\$40/biweekly

B.

Full Name (Last, First, Middle Initial)
Andrew J. Michie

Mailing Address 1453 Starr Grass Dr

City State Zip Code
Madison WI 53719

FEC ID number of contributing federal political committee. **C**

Name of Employer CUNA Mutual Insurance Society Occupation VP, Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.5627

Amount of Each Receipt this Period 240.00

\$20/biweekly

C.

Full Name (Last, First, Middle Initial)
Dana Miller

Mailing Address P.O. Box 807

City State Zip Code
LaCrosse KS 67548

FEC ID number of contributing federal political committee. **C**

Name of Employer CPI Qualified Plan Consultants Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY
04 / 19 / 2011

Transaction ID: SA11AI.5687

Amount of Each Receipt this Period 600.00

Check

SUBTOTAL of Receipts This Page (optional) ► **1320.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Timothy A Murwin	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 6535 Kimberly Way	Transaction ID: SA11AI.5629
	City State Zip Code DeForest WI 53532	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$25/biweekly
	Name of Employer Occupation CUNA Mutual Group Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Faye Patzner	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 4473 Shooting Star Avenue	Transaction ID: SA11AI.5636
	City State Zip Code Middleton WI 53562	Amount of Each Receipt this Period 420.00
	FEC ID number of contributing federal political committee. C	\$25/biweekly
	Name of Employer Occupation CUNA Mutual Insurance Soc- SVP, Legal iety	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) Gerald Pavelich	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 4889 Champions Run	Transaction ID: SA11AI.5637
	City State Zip Code Middleton WI 53562	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	\$50/biweekly
	Name of Employer Occupation CUNA Mutual Insurance Soc- EVP iety	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	1320.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.

Full Name (Last, First, Middle Initial)

Jeffrey A Peterson

Mailing Address 1403 Tierney Drive

City State Zip Code
Wauwaukee WI 53597

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CUNA Mutual Group Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.5638

Amount of Each Receipt this Period
240.00

\$20/biweekly

B.

Full Name (Last, First, Middle Initial)

Jeff H. Post

Mailing Address 2933 Windswept Way

City State Zip Code
Verona WI 53593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CUNA Mutual Insurance Soc- President and CEO
iety

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.5684

Amount of Each Receipt this Period
2000.00

Check

C.

Full Name (Last, First, Middle Initial)

James M. Power

Mailing Address 9810 Red Sky Drive

City State Zip Code
Middleton WI 53562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CUNA Mutual Insurance Soc- SVP, Sales
iety

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.5642

Amount of Each Receipt this Period
480.00

\$40/biweekly

SUBTOTAL of Receipts This Page (optional)

2720.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.

Full Name (Last, First, Middle Initial)
Jon Prescott

Mailing Address 250 NE 30 Road

City State Zip Code
Great Bend KS 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer
CPI Qualified Plan Consultants
Occupation
Chief Marketing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2011

Transaction ID: SA11AI.5692

Amount of Each Receipt this Period
400.00

Check

B.

Full Name (Last, First, Middle Initial)
Christopher P. Roe

Mailing Address 2 Hawk Feather Cir

City State Zip Code
Madison WI 53717

FEC ID number of contributing federal political committee. **C**

Name of Employer
CUNA Mutual Insurance Society
Occupation
VP, Special Projects

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.5643

Amount of Each Receipt this Period
600.00

\$50/biweekly

C.

Full Name (Last, First, Middle Initial)
Alastair C. Shore

Mailing Address 9125 Aspen Grove Lane

City State Zip Code
Madison WI 53717

FEC ID number of contributing federal political committee. **C**

Name of Employer
CUNA Mutual Insurance Society
Occupation
Chief Underwriter

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.5649

Amount of Each Receipt this Period
480.00

\$40/biweekly

SUBTOTAL of Receipts This Page (optional) ► **1480.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Leslie Svoboda		Date of Receipt
	Mailing Address 913 Winding Way		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Middleton	WI	53562
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5650
Name of Employer CUNA Mutual Group		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$25/biweekly

B.	Full Name (Last, First, Middle Initial) David L. Sweitzer		Date of Receipt
	Mailing Address 4209 Waban Hill		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Madison	WI	53711
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5651
Name of Employer CUNA Mutual Insurance Soc- iety		Occupation VP, Select Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$25/biweekly

C.	Full Name (Last, First, Middle Initial) Delania K. Truly		Date of Receipt
	Mailing Address 521 Sunset Dr.		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Hurst	TX	76054
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5652
Name of Employer CUNA Mutual Insurance Soc- iety		Occupation VP, South Region	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="600.00"/>
		<input type="text" value="600.00"/>	\$50/biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 26
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.

Full Name (Last, First, Middle Initial) Robert N. Trunzo		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 1044 Willow Drive		Transaction ID: SA11AI.5653
City Delafield	State WI	Zip Code 53018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.08
Name of Employer CUNA Mutual Insurance Society	Occupation EVP & Chief Sales Officer	\$83.34/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

B.

Full Name (Last, First, Middle Initial) Mark T. Warshauer		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 6333 Stonefield Road		Transaction ID: SA11AI.5655
City Middleton	State WI	Zip Code 53562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer CUNA Mutual Insurance Society	Occupation VP, Asset Management	\$25/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Thomas Webber		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 601 Ondossagon Way		Transaction ID: SA11AI.5656
City Madison	State WI	Zip Code 53719
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 480.00
Name of Employer CUNA Mutual Group	Occupation Director	\$40/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	▶	1780.08
TOTAL This Period (last page this line number only)	▶	16905.08

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 26
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)		Date of Receipt
	Mailing Address 5910 Mineral Point Rd, PO Box 747 Mail Stop 5910 4 A2		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Madison	WI	53701-0747
	FEC ID number of contributing federal political committee.		<input type="text" value="C000402107"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Transaction ID: SA16.5511
			Amount of Each Receipt this Period <input type="text" value="250.00"/>
			Refund from Moore for Congress

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="250.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) DUFFY FOR CONGRESS	Transaction ID: SB23.5518
	Mailing Address PO BOX 538	Date of Disbursement MM / DD / YYYY 02 / 07 / 2011
	City WAUSAU State WI Zip Code 54402	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name SEAN DUFFY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 07	

B.	Full Name (Last, First, Middle Initial) ED ROYCE FOR CONGRESS	Transaction ID: SB23.5559
	Mailing Address P.O. BOX 2525	Date of Disbursement MM / DD / YYYY 05 / 23 / 2011
	City ORANGE State CA Zip Code 92859	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name ED MR ROYCE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 40	

C.	Full Name (Last, First, Middle Initial) FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST	Transaction ID: SB23.5530
	Mailing Address 7315 WISCONSIN AVE SUITE 310 EAST	Date of Disbursement MM / DD / YYYY 03 / 10 / 2011
	City BETHESDA State MD Zip Code 20814	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name REID RIBBLE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 08	

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST	Transaction ID: SB23.5533
	Mailing Address 7315 WISCONSIN AVE SUITE 310 EAST	Date of Disbursement MM / DD / YYYY 03 / 10 / 2011
	City BETHESDA State MD Zip Code 20814	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name TIMOTHY A HUELSKAMP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Category/Type
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) IMPACT	Transaction ID: SB23.5675
	Mailing Address 60 EAST 42ND STREET SUITE 437	Date of Disbursement MM / DD / YYYY 06 / 16 / 2011
	City NEW YORK State NY Zip Code 10165	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name CHARLES E SCHUMER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Category/Type
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) JIM HIMES FOR CONGRESS	Transaction ID: SB23.5553
	Mailing Address 857 POST ROAD, #312	Date of Disbursement MM / DD / YYYY 05 / 10 / 2011
	City FAIRFIELD State CT Zip Code 06824	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name JIM HIMES Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Category/Type
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A. Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS Mailing Address PO BOX 12667 City BAKERSFIELD State CA Zip Code 93389 Purpose of Disbursement Contribution Candidate Name KEVIN MCCARTHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5547 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00 Category/Type

B. Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE Mailing Address 205 5TH AVENUE SOUTH City LA CROSSE State WI Zip Code 54601 Purpose of Disbursement Contribution Candidate Name RON KIND Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5565 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00 Category/Type

C. Full Name (Last, First, Middle Initial) MONTANANS FOR TESTER Mailing Address PO BOX 1135 City HELENA State MT Zip Code 59624 Purpose of Disbursement Contribution Candidate Name JON TESTER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5577 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

<p>A. Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS</p> <p>Mailing Address PO BOX 16646</p> <p>City MILWAUKEE State WI Zip Code 53216</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name GWENDOLYNNE MOORE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 04</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5527</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	8	/	2	0	1	1	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	8	/	2	0	1	1													
2500.00																						
<p>B. Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC</p> <p>Mailing Address 3601 VINCENNES ROAD PO BOX 68700</p> <p>City INDIANAPOLIS State IN Zip Code 46268</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5542</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	6	/	2	0	1	1	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	6	/	2	0	1	1													
500.00																						
<p>C. Full Name (Last, First, Middle Initial) NELSON 2012</p> <p>Mailing Address PO BOX 8666</p> <p>City OMAHA State NE Zip Code 68108</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name E BENJAMIN NELSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5536</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	5	/	2	0	1	1	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	1	5	/	2	0	1	1													
2000.00																						

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

<p>A. Full Name (Last, First, Middle Initial) RIBBLE FOR CONGRESS</p> <p>Mailing Address PO BOX 7200</p> <p>City APPLETON State WI Zip Code 54912</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name REID RIBBLE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5544 Date of Disbursement 04 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Category/Type 001</p>
<p>B. Full Name (Last, First, Middle Initial) SCOTT GARRETT FOR CONGRESS</p> <p>Mailing Address P.O. BOX 905</p> <p>City NEWTON State NJ Zip Code 07860</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name SCOTT REP. GARRETT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5524 Date of Disbursement 02 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE</p> <p>Mailing Address P.O. BOX 4945</p> <p>City EAST LANSING State MI Zip Code 48826</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name DEBBIE MS STABENOW</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5512 Date of Disbursement 01 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

<p>A. Full Name (Last, First, Middle Initial) TAMMY BALDWIN FOR CONGRESS</p> <p>Mailing Address P.O. BOX 696</p> <p>City MADISON State WI Zip Code 53701</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name TAMMY BALDWIN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5515</p> <p>Date of Disbursement MM / DD / YYYY 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) TAMMY BALDWIN FOR CONGRESS</p> <p>Mailing Address P.O. BOX 696</p> <p>City MADISON State WI Zip Code 53701</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name TAMMY BALDWIN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5556</p> <p>Date of Disbursement MM / DD / YYYY 05 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) THORNBERRY FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. BOX 9392</p> <p>City AMARILLO State TX Zip Code 79105</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MAC THORNBERRY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 13</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5539</p> <p>Date of Disbursement MM / DD / YYYY 04 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A.

Full Name (Last, First, Middle Initial)

UDALL FOR COLORADO

Mailing Address PO BOX 40158

City DENVER State CO Zip Code 80204

Purpose of Disbursement
Contribution

Candidate Name
MARK E UDALL

Office Sought: House
 Senate
 President

State: CO District: 00

Disbursement For: Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.5550

Date of Disbursement

05 / 09 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

2100.00